
Adult Cardiac Emergencies:

Bradycardia

I. All Provider Levels

1. Refer to the Patient Care guideline.
2. Provide 100% oxygen via NRB, if respiratory effort is inadequate assist ventilations utilizing BVM with 100% oxygen.
3. Place the patient in position of comfort.



Note Well: If evidence of poor perfusion is present place the patient in shock position.

4. Initiate advanced airway management with Combi-tube if respiratory effort is inadequate.



Note Well: EMT-I and EMT-P should use ET intubation.

5. Establish an IV of Normal Saline KVO or Saline lock.



Note Well: An ALS Unit must be en route or on scene.



II. Advanced Life Support Providers

1. Attach EKG and interpret rhythm.
2. Consider obtaining a 12 lead EKG if possible.
3. If mental status is altered or the patient appears hemodynamically unstable (includes 2nd degree type II and 3rd degree heart blocks):
 - A. If heart rate < 60 beats per minute, administer 0.5 - 1.0 mg Atropine IVP. Reassess patient.
 - B. Repeat 0.5 - 1.0 mg Atropine IVP every 3 - 5 minutes if signs and symptoms of hypoperfusion persist, to a maximum of 0.04 mg/kg.

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II. Advanced Life Support Providers (continued)

4. If mental status is altered or the patient appears hemodynamically unstable (includes 2nd degree type II and 3rd degree heart blocks):

- A. Consider sedation option.
i. Diazepam 2.0 - 5.0 mg IVP
(Medical Control Option Only)



Note Well: In the event of provider induced diazepam overdose, administer 0.2 mg flumazenil IV push over 30 seconds, not to exceed 2.0 mg (Medical Control Option Only).

- B. If bradycardia is refractory to Atropine, initiate transcutaneous pacing starting at a rate of 80 per minute and 20 mA of energy. Increase energy by increments of 5 mA until capture is obtained. Reassess patient for improved signs and symptoms.

5. If the patient appears hemodynamically stable without critical signs and symptoms:

- A. Transport, monitor, and reassess patient.



III. Transport Decision

1. Transport to the closest appropriate open facility.

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IV. The Following Options are Available by Medical Control Only

1. Diazepam 2.0 - 5.0 mg IVP to a maximum of 10 mg
 - A. Reassess every 3 - 5 minutes after administration
2. Dopamine infusion of 5 - 20 ug/kg/min
3. Flumazenil to a maximum dose of 2.0 mg

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